

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 145Registered No. 671

1. PLACE OF BIRTH

County GilaState ArizonaDistrict or Township 2

or Village

City Miami

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Concepcion Munos

(If child is not yet named, make supplemental report, as directed)

3. Sex of Child:

girlTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

yes

5. No., in order of birth

7. Date December
of birth 11 1930
Month Day Year

8.

FATHER

Full name Salvador Munos

9. Residence

(Usual place of abode) Turkey ShootIf non-resident, give place and state. Canon

10. Color or race

Mexican11. Age at last birthday 31 (Years)12. Birthplace (city or place) Nochistlan(State or country) Zacatecas Mex.

13. Occupation

Nature of industry Miner

14.

MOTHER

Full maiden name Guana Rodriguez

15. Residence

(Usual place of abode) Turkey ShootIf non-resident, give place and state. Canon

16. Color or race

Mexican17. Age at last birthday 26 (Years)18. Birthplace (city or place) Nochistlan(State or country) Zacatecas Mex.

19. Occupation

Nature of industry Domestic20. Number of children of this mother 6(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 4(b) Born alive but now dead 2

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum.yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated.

(Born alive or stillborn)

Signature Guana de MartinezClaypool

(Physician or midwife).

Given name added from
a supplemental report

Month, day, year

Address

Filed Dec 20, 1930Le E. Jones

Registrar.

Registrar.

342-1211-192